PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

16 773606

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
(Column 1) (Column 2)								TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			41					RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			4 / minus 20=		* 21			X\$ 9=	18	7 0R	X\$18=	
INDEPENDENT CLAIMS			5 m	inus 3 =	* 2	/		X43=	86	OR	X86=	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	1-30		· · · · · · · · · · · · · · · · · · ·	
* [f the difference	e in column 1 is	ess than zero, enter "0" in colu			column 2	L	TOTAL	110	OR	+290=	
CLAIMS AS AMENDED - PART II								IOIAL	660	OR	TOTAL	
_	· ·	(Column 1)		(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	<u> </u>	=		X43=		OR	X86=	
	THOTTHESE	INTATION OF MIC	DETIFIE DEF	ENDENI	CLAIM			+145=		OR	+290=	
								TOTAL		┧┈╻	TOTAL	
		A	DDIT. FEE			ADDIT. FEE						
m		(Column 1) CLAIMS		(Colum	ST	(Column 3)	Г		ADDI	1 F		4551
AMENDMENT B		REMAINING AFTER		NUMB PREVIO	_	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AMENDMENT		PAID F	OR		┝		FEE	↓ ↓	<u> </u>	FEE
	Total Independent		Minus	**		=		X\$ 9=		OR	X\$18=	
AM		* NTATION OF MU	Minus	***	~	=		X43=	•	OR	X86=	
			EIII EE DEI	LINDLINI	JEANVI			+145=		OR	+290=	
									•	OR .	TOTAL	
•		(Column 1)		(Columi	n: 0\	(Caluma 0)	AL	DIT. FEE L		ΙΟΑ	DDIT. FEE L	
	`	CLAIMS	•	HIGHE	ST	(Column 3)	_	·				
AMENDMENT C		REMAINING AFTER AMENDMENT	ĺ	PREVIOU PAID FO	JSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total		Minus	##		=	\vdash	X\$ 9=	FEE	. .	X\$18=	FEE
	Independent	*	Minus	***		=	⊢			OR		
٩ [FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=		OR	X86=	
+145= OR +290=											+290=	
11	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3."									OR A	TOTAL ODIT. FEE	
T	he "High st Num	nber Previously Paid ber Previously Paid	o For IN THIS For (Total or I	SPACE is I	ess than t) is the h	3, nter "3." righest number		DIT. FEE L in the appr	opriat box			